Financial Aid Office
1000 W. Foothill Blvd.
Glendora, CA 91741

Office Use Only:

_____
Received by: Date

20___- 20____

STATEMENT OF FACT

_____ _____
(PRINT: **Student's** Last Name/First Name) (Citrus College Student ID #)

I, _____, Hereby certify that:
(FULL First and Last NAME of person supplying statement/ relationship)

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Please check [ ] if statement is continued on the backside.

I declare that under penalty of perjury that the above statement (s) is/are true and correct.

_____
Signature / Date